

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025736

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 347

Primary Registration District No. _____

Registrar's No. _____

FILED JUL 5 1962

1. PLACE OF DEATH

a. COUNTY

Stone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Lampe

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Arkansas** b. COUNTY **Montgomery**c. CITY
OR
TOWN

Mt. Ida

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Hollis

Lee

West

4. DATE
OF
DEATHMonth
June

Day

23

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/29/06

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lake Guide

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Sims, Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

L.L. West

13b. MOTHER'S MAIDEN NAME

Ada Summitt

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

Mrs Hollis West, Mt. Ida, Arkansas

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Instant

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Found Dead in Boat on Tablerock Lake

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year,

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

Lampe

COUNTY

Stone

STATE

Mo

21. I saw him after death

About

5:30 A.M.

and last saw him alive on

Death occurred at

the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George Mauler Coroner

22b. ADDRESS

Crane, Missouri

22c. DATE SIGNED

6/27/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

6/23/62

23c. NAME OF CEMETERY OR CREMATORY

Owley

23d. LOCATION (City, town, or county)

Mt. Ida, Arkansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kelly Funeral Home Mt. Ida, Arkansas

25. DATE RECD. BY LOCAL REG.

June 27, 1962

26. REGISTRAR'S SIGNATURE

Mary F. Stewart

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George Monroe

Licensed Embalmer No. 3827

P. O. Address Crown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued
June 23, 1962